

OFFICE OF LT. GOVERNOR REBECCA S. SKILLMAN

GRANT SERVICES

2007 RECEIPT OF PANTRY PRODUCTS

EXHIBIT D

PANTRY: _____

COUNTY: _____ **PANTRY ADDRESS:** _____

PROXY STATEMENT - PLEASE PRINT

The Proxy is necessary due to any individual with a condition that makes pick-up at food pantry impossible and/or recipients with work hours that conflict with the scheduled distribution hours for outlets serving the area in which the individual resides should use the Proxy. The individual designating his/her proxy should complete this form.

RECIPIENT'S NAME	ADDRESS	CITY	STATE	ZIP

HOUSEHOLD SIZE	REASON FOR PROXY

PROXY'S NAME	ADDRESS	CITY	STATE	ZIP

Willful diversion of USDA Commodities for personal gain is a state and federal offense, subject to a fine of up to \$10,000 and/or imprisonment up to 5 years. USDA products cannot be sold, traded or bartered.

I CERTIFY WITH MY SIGNATURE THAT MY MAXIMUM INCOME FOR RECEIPT OF USDA COMMODITIES AND OTHER ITEMS DOES NOT EXCEED THE AMOUNT LISTED BELOW:

NUMBER IN HOUSEHOLD	MONTHLY INCOME	ANNUAL INCOME	NUMBER IN HOUSEHOLD	MONTHLY INCOME	ANNUAL INCOME
1	\$1,348	\$16,170	5	\$3,218	\$38,610
2	\$1,815	\$21,780	6	\$3,685	\$44,220
3	\$2,283	\$27,390	7	\$4,153	\$49,830
4	\$2,750	\$33,000	8	\$4,620	\$55,440
FOR EACH ADDITIONAL HOUSEHOLD MEMBER, ADD				\$468	\$5,610

My household income does not exceed these established limits. I will use any food received for my household only. I release USDA, the State of Indiana, and any agency or person distributing this food from all liabilities resulting from my receipt of this food.

The Indiana Family and Social services Administration does not discriminate on the basis of race, color, religion, sex, age, disability, national origin, or ancestry.

I also certify I am aware that selling, exchanging, fraud or abuse of the TEFAP Commodity Program is subject to Federal prosecution under Section 12G of the National School Lunch Act.

Signature: _____ Verified By: _____
 (Recipient) (Site Personnel)